

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

NOTICE OF CLAIM FILED AND REQUEST FOR SEPARATION INFORMATION

RSC

Phone

Fax

CLAIMANT:

DATE FILED:

DATE MAILED:

SS#:

BYE:

REPLY BY:

EMPLOYER FAX:

EMPLOYER NAME:

Please complete, sign and date this form, return to the above address or **FAX** "by the reply date". You may use the back of the form if necessary. If you have questions, you may call the above telephone number. Failure to respond timely could result in erroneous payments which will be charged to your account if the claim is approved. Claimant will not be required to repay benefits if a redetermination is based on late receipt of information from you by this office or the Appeals Tribunal (TCA 50-7-304(b)(2), as amended).

Your written response will be used in making a decision.

The above named individual, formerly employed by you, has filed a claim for unemployment compensation benefits. The claimant states

Dates of employment (Beginning Date)

(Ending Date)

1. Was the claimant discharged for absenteeism/tardiness? ☐ YES ☐ NO
2. Give dates of the last incident of claimant's absenteeism/tardiness. to
3. Did the claimant provide medical evidence of illness during the absence/tardy?
Was this required? ☐ YES ☐ NO
☐ YES ☐ NO
4. Did the claimant notify you that he/she would be absent/tardy?
If YES, when were you notified?
Who was notified? ☐ YES ☐ NO
5. Were there prior warnings for absences/tardiness? ☐ YES ☐ NO
If YES, give dates, reasons, types of warnings, and who issued the warnings.

Provide a copy of these warnings.
6. Please use the back of this form to describe in detail the FINAL INCIDENT which prompted you to terminate the individual.

Employer/Title

Account Number

Phone

Date

Agent Representative

Adjudicator